



BUILDING/ZONING COMPLAINT FORM

DATE RECEIVED:		COMPLAINT RECEIVED BY:	
VIOLATION ADDRESS:			
COMPLAINANT NAME:			
MAILING ADDRESS:			
PHONE:		E-MAIL:	
<input type="checkbox"/> KEEP MY INFORMATION CONFIDENTIAL			
NATURE OF COMPLAINT: (Use back of form or additional sheets if more space is required)			
- Staff Use Only -			
OCCUPANT/BUSINESS OWNER:			
PROPERTY OWNER:			
MAILING ADDRESS:			
PHONE:		E-MAIL:	
DEPARTMENT: <input type="checkbox"/> Building <input type="checkbox"/> Planning <input type="checkbox"/> Police <input type="checkbox"/> Public Works			